

PROGRAM BUDGET
APPENDIX B

Program Code / / / / / / / / / / / / / / / /

Contract Number / / / / / / / / / /

AGENCY/MUNICIPALITY _____

PROGRAM TITLE _____

PERSONAL SERVICES

POSITION TITLE	RATE OF PAY	BASIS (W, BW, SM)	TOTAL OCFS PROGRAM AMOUNT (1)	TOTAL OCFS FUNDS REQUESTED FOR THIS PROGRAM
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

TOTAL SALARIES AND WAGES	\$	\$
TOTAL FRINGE BENEFITS	\$	\$
TOTAL PERSONAL SERVICES (1)	\$	\$

CONTRACTED SERVICES AND STIPENDS

TYPE OF SERVICE OR CONSULTANT TITLE	RATE OF PAY	BASIS (W, BW, SM)	TOTAL OCFS PROGRAM AMOUNT (1)	
	\$		\$	
	\$		\$	
	\$		\$	

TOTAL CONTRACTED SERVICES (2)	\$	\$
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TOTAL MAINTENANCE & OPERATION (3)	\$	\$
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List EQUIPMENT to be purchased or rented: (Unit cost over \$200 and life expectancy of over two years.)

FACILITY REPAIRS

PROGRAM SITE	
	\$
	\$

TOTAL FACILITY REPAIRS (4)	\$	\$
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TOTAL OCFS PROGRAM AMOUNT	\$
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TOTAL OCFS FUNDS REQUESTED	\$
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LIST OTHER FUNDING SOURCES	\$	REIMBURSABLE TOTAL
	\$	MUNICIPAL FUNDING
	\$	OTHER SOURCES

*USE AN ASTERISK NEXT TO THE FIGURES LISTED TO IDENTIFY THOSE ITEMS FOR WHICH OCFS REIMBURSEMENT IS NOT BEING REQUESTED.
USE (IK) TO IDENTIFY ONLY IN KIND SERVICES, EQUIPMENT, ETC. DONATED TO PROGRAM WHERE ALLOWED.